

P22000032333

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

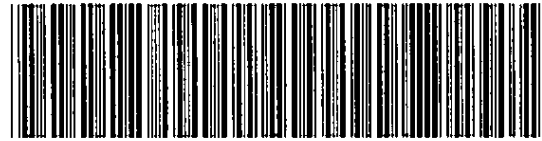
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SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: PERSONAL PODIATRY ASSOCIATES, P.A.

DOCUMENT NUMBER: P22000032333

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

CARLOS H. ARCE, ESQ.

Name of Contact Person

FLORIDA HEALTHCARE LAW FIRM

Firm/ Company

151 NW 1ST AVENUE

Address

DELRAY BEACH, FLORIDA 33444

City/ State and Zip Code

CARLOS@FLORIDAHEALTHCARELAWFIRM.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CARLOS H. ARCE, ESQ. at (561) 455-7700
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee & Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | <input type="checkbox"/> \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) |
|---|--|---|--|

Mailing Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment
to
Articles of Incorporation
of

FILED
2022 OCT 31 AM 11:56
SECRETARY OF STATE
TALLAHASSEE, FL

PERSONAL PODIATRY ASSOCIATES, P.A.

(Name of Corporation as currently filed with the Florida Dept. of State)

P22000032333

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

_____ The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent _____

(Florida street address)

New Registered Office Address: _____, Florida
(City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

Check if applicable

☒ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), F.S.

| Type of Action (Check One) | Title | Name | Address |
|--|-------|-----------------------|---|
| 1) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove | D | Colette E. Yori Tobia | 8307 N Pine Island Road Tamarac, FL 33321 |
| 2) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove | D | Nicole C. Reichenbach | 8307 N. Pine Island Road Tamarac, FL 33321 |
| 3) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | |
| 4) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | |
| 5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | |
| 6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | |

E. If amending or adding additional Articles, enter change(s) here:

(Attach additional sheets, if necessary). (Be specific)

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F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:

(if not applicable, indicate N/A)

On October 4, 2022, the Shareholders voted and passed an Action by Shareholders Without A Meeting", whereby

Personal Podiatry Associates, P.A. shall no longer have 2 shares, but shall be comprised of 100 common shares.

The date of each amendment(s) adoption: October 4, 2022, if other than the date this document was signed.

Effective date if applicable: October 4, 2022
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

☒ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.

ie amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):

"The number of votes cast for the amendment(s) was/were sufficient for approval

by _____."
(voting group)

Dated October 4, 2022

Signature Colette E. Yori Tobia
(By a director, president, or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

COLETTE E. YORI TOBIA

(Typed or printed name of person signing)

Director

(Title of person signing)

Action by Shareholders Without Meeting
PERSONAL PODIATRY ASSOCIATES, P.A.

ACTION BY SHAREHOLDERS
WITHOUT A MEETING

Accordance with Florida Statute 607

COLETTE E. YORI TOBIA, DPM ("DR. YORI"), NICOLE C. REICHENBACH, DPM ("DR. REICHENBACH"), as the holders of all the common shares in PERSONAL PODIATRY ASSOCIATES, P.A., a Florida professional association (the "Corporation"), hereby adopt the following resolutions by written consent in lieu of holding a Meeting of Shareholders, as permitted by Section 607 of the Florida Statutes:

WHEREAS, the Corporation was formed under Florida Statute 607, for profit corporation, on April 13, 2022, and filed its Articles of Incorporation with state of Florida;

WHEREAS, the Corporation Articles of Incorporation structured the allowable common shares in the Corporation as two (2) shares (the "Initial Shares"); and

WHEREAS, the Shareholders have agreed via this action, to change the Initial Shares of the Corporation to one hundred (100) common shares (the "New Shares");

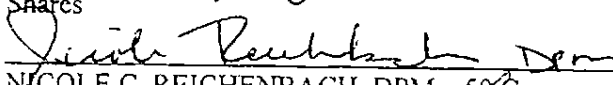
NOW, THEREFORE, BE IT RESOLVED, that, the Corporation's New Shares shall be Dr. Yori 50 shares and Dr. Reichenbach 50 shares, are hereby authorized, approved, and confirmed via this action.

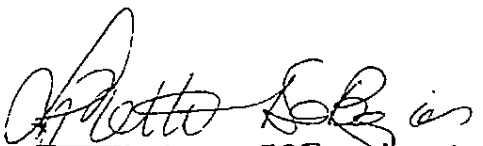
Pursuant to Section 607 of the Florida Statutes, I hereby consent to the foregoing Action by Shareholders Without a Meeting.

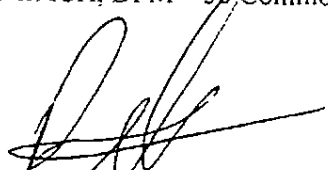
Date: October 19, 2022


COLETTE E. YORI TOBIA, DPM - 50 Common
Shares

Date: October 19, 2022


NICOLE C. REICHENBACH, DPM - 50 Common
Shares


Witness #1 ANETTE DEBELERS


Witness #2: _____

(JURAT PAGE TO FOLLOW)

Action by Shareholders Without Meeting
PERSONAL PODIATRY ASSOCIATES, P.A.

JURAT PAGE

STATE OF FLORIDA
COUNTY OF Broward:

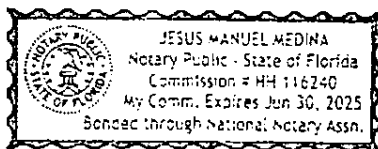
BEFORE ME, the signees in this action, personally appeared, and I have verified their identities by production of Driver's License, and I have witnessed each signee affix his or her signature to this action.

I have witness this before me this 19th day of October 2022.

Signature: _____

NOTARY SEAL

My Commission Expires: June 30, 2025



Collette Josephine
June 30, 2025